PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90148 045 ***150.00

DOCUMENT # P9	18000080950
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Principal Place 64 N. GRANDVI	SIONAL EVALUATIONS, INC.	Mailing Address 64 N. GRANDVIEW CIRCLE #100										
COCOA FL 329	22	COCOA FL 32922				DO NOT WRITE IN THIS SPACE					1	
<u> </u>						09	te Incorporated or Qualifed 3/14/1998				}	
2. Principal Pl	lace of Business	2a, Mailing Address					El Number 59-3533591			Applicable	ļ	
21					59=3533391 [Not							
Suite, Apt.	#, etc.	Suite, Apt, #, etc.	ļ			5. Ce	ertificate of Status Desired N	3 *	Fee Req		ļ	
22		City & State									٠٠٠ ــــــــــــــــــــــــــــــــــ	
City & State						6. Election Campaign Financing NB \$5.00 May Be Trust Fund Contribution Added to Fees						
23	Country	Zip	Com	Country			8. This corporation owes the current year Intangible					
Zip	25	29 3		1:			ersonal Property Tax.	<u>''</u>	Yes X	XNo		
241	9. Name and Address of Current					10. Na	ame and Address of New Reg	istered Age	nt		}	
				81	Name							
	erts, rana			82	Street Addre	ss /P O	Box Number is Not Acceptable	<u></u>			1	
64 N	I. Grandview Circle			"	0000170010	35 (1 .0.						
#10 0	=			83								
COCOA FL 32922				84	City			B	5 Zip Co	ode	ł	
			1	1	•			FL	1]	
11. Pursuant office or reagent. I as	to the provisions of Sections 607.0502 egistered egent, or both, in the State of m familiar with, and accept the obligation	and 607.1508, Florida Statutes Florida. Such change was aut ons of, Section 607.0505, Florid	, the at horized la Statu	by t	-named corpo he corporation	ration su v's board	ibmits this statement for the purific of directors. I hereby accept the	rpose of chai ne appointme	nging its n ant as regi	egistered istered		
SIGNATURE	Rana Roberts Pres Signature, typed or probad name of registered agent:	ident	أندنداديد	Anna	signature required	when recor	lating)	DATE			<u> </u>	
12.	Signature, typed or printed name or registered agent: OFFICERS AND		13.	~~~		ADI	DITIONS/CHANGES TO OFFIC	ERS AND D	IRECTOF	RS IN 12	[≊	
TITLE	0.1.00.007.07.00	DELETE	3,1 111	LE.					Change	Addition	CR2E034 (11/98)	
NAME	RANA ROBERTS, PR	ESIDENT	1.2 NA	12 NAME						į	8	
STREET ADDRESS	64 N. GRANDVIEW		1.3 STREET ADDRE		ADDRESS	NO	CHANGES					
CITY-ST-ZIP	COCOA, FL 32922		1,4 CE	IY-ST	.zrp						Š.	
TITLE	VICE PRES. TREASU	DED & CHOPLETE DV	2.1 177	le.] Change	Addition	١٥	
NAME		KEK & SECKETART	2.2 NA	WE		NO CHANGES				'		
STREET ADDRESS	BRANDI KENT		2.3 ST	REET	ADDRESS	NU	CHANGES				1	
CITY-ST-ZIP	13127 COUNTY RD.	561A	240	TY-ST	-25P							
TITLE	CLERMONT, FL 347	TT DELETE	3.1 771	ιĖ	_ _				Change	Addition	_ =	
NAME	-		32 NA	32 HAME							1	
STREET ADDRESS			3.3 STREET ADDR		ADDRESS							
CITY-ST-ZIP			3.4. CITY-ST-ZIP		1-ZP			<u> </u>			ł	
IIITE		OELETE	4,1 777	4.1 TILE		<u> </u>		 L	Change	Addition		
NAME			4, 2 NAME				•					
STREET ADDRESS	·		4.3 STREET A		ADDRESS						1	
CITY-ST-ZIP			_	1Y-51	-ZP				Cher	☐ Addition	1	
TITLE		☐ DELETE	5.1 TT		.]				Change	☐ Acception	Ì	
NAME		•	5.2 NA								ĺ	
STREET ADDRESS	}				ADDRESS						1	
CITY-ST-ZIP			5.4 CF		-ZIP				10har	Addition	{ .	
TITLE		☐ DELETE	6,1 711					Ļ	Change			
NAME			6.2 NA									
STREET ADDRESS.		^	6.3 ST	REET	ADDRESS		. •					

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed you on an attachment with an address, with all other like empowered.

SIGNATURE:

THE AND TYPE DE PRINTED HAME OF SICHING OFFICER OR DIRECTOR